

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 149
Registered No. 81

1. PLACE OF BIRTH

County Dade State Arizona
District or Township _____ or Village _____
City Miami No. Box delay pool # 535 St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Pablo Garcia { If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other.	6. Legitimate? <u>yes</u>	7. Date of birth <u>February 13-1929</u> Month Day Year
		5. No., in order of birth		

8. FATHER Full name <u>Manuel Garcia</u>	14. MOTHER Full maiden name <u>Marcelina Garcia</u>
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9. Residence (Usual place of abode) <u>Miami</u> If non-resident, give place and state.	15. Residence (Usual place of abode) <u>Miami</u> If non-resident, give place and state.
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10. Color or race <u>Mexican</u>	11. Age at last birthday <u>22</u> (Years)	16. Color or race <u>Mexican</u>	17. Age at last birthday <u>18</u> (Years)
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12. Birthplace (city or place) (State or country) <u>San Juan - Mexico</u>	18. Birthplace (city or place) (State or country) <u>San Juan - Mexico</u>
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13. Occupation Nature of industry <u>miner</u>	19. Occupation Nature of industry <u>house wife</u>
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20. Number of children of this mother <u>1</u> (Taken as of time of birth of child herein certified and including this child).	(a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>	21. Were precautions taken against oph- thalmia neonatorum. <u>Protargol</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Born alive at 1 a. m. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature J. Aldama (Physician or midwife).

Given name added from a supplemental report _____
Month, day, year _____
Address Box 1666 Miami, Fla.
Filed Feb 20 1929 Registrar.

771-513-471